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Dec. 01 2003 01:10PM P1

FAX

Date 10/9/03

Number of pages including cover sheet 8

TO: Commissioner for Patents
Alexandria, VA
RE: U.S. Application No.
09/473,662 filed 12/29/99

Phone
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FROM: Diane F. Covello

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REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment
See attached Supplemental Response.

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/473,662	
	Filing Date	12-29-99	
	First Named Inventor	Rosen, William	
	Art Unit	3625	
	Examiner Name	Rosen	
Total Number of Pages in This Submission	7	Attorney Docket Number	Rosen-01-C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>No fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Diane F. Covello Reg. # 34,164	
Signature	<i>Diane F. Covello</i>	
Date	12-1-03	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Diane F. Covello		
Signature	<i>Diane F. Covello</i>	Date	12-1-03

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Dec. 01 2003 01:11PM P3

15/E
PJS
12/4/03
Risen-01-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

BOX Non-Fee Amendment

Sir:

SUPPLEMENTAL RESPONSE

In response to Paper No. 14, "Notice of Non-Compliant Amendment", please
substitute the attached Appendix 1 in place of the original Appendix 1 included with the
Amendment filed on October 9, 2003. The attached Appendix 1 lists all of the claims,
including the canceled claims.

Respectfully submitted,

William M. Risen, et al.

By Diane F. Covello
Diane F. Covello

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Date: December 1, 2003

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